|  |  |  |
| --- | --- | --- |
| **Name:**  |  **Phone:**  |  |
| **Mailing Address:**  |  **County:**  |  |
| **City/State/Zip:**  |  **Email:**  |  |

**Are you interested in being called to collect swarms in your area for the 2024 season?** (**Yes**) or (**No**)

**Is this a renewal or a new registration? (Renewal) or (New)**

In accordance with Title 7, MRSA, Section 2701, I hereby report ownership of the following honey bee colonies inmy possession on **June 15, 2023.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. of****Colonies** | **County****(if different from above)** | **City or Town****(if different from above)** | **Address** **(if different from above)** | **Name of Property Owner****(if different from above)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Number of Colonies \_\_\_\_\_\_\_\_\_\_**

The fee schedule is found on the back of this page, **the minimum registration is $10.00**. Make check or money order payable to: **"**Treasurer, State of Maine", and return with form to the above address.

**Fee Enclosed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE SCHEDULE**

|  |  |
| --- | --- |
| **Number of Colonies** | **License Fee** |
| 1 – 10 | $10.00 |
| 11 – 30 | 20.00 |
| 31 – 70 | 30.00 |
| 71 – 100 | 40.00 |
| 101 - 200 | 55.00 |
| 201 - 300  | 75.00 |
| 301 - 400  | 90.00 |
| 401 - 500  | 105.00 |
| 501 - 600  | 120.00 |
| 601 - 700  | 135.00 |
| 701 - 800  | 150.00 |
| 801 - 900 | 165.00 |
| 901 - 1000 | 180.00 |
| 1001 - 1500 | 215.00 |
| 1501 - 2000 | 250.00 |
| 2001 - 3000 | 365.00 |
| 3001 - 4000  | 470.00 |
| 4001 - 5000  | 500.00 |
| 5001 - 6000  | 520.00 |
| 6001 - 7000  | 540.00 |
| 7001+  | 550.00 |